

AMENDED IN ASSEMBLY APRIL 17, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1862

Introduced by Assembly Member Logue

February 22, 2012

An act to add ~~Section~~ and repeal Sections 1250.9 to and 1797.134 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1862, as amended, Logue. Health facilities: licensure.

Existing law provides for the licensure and regulation of health facilities, including general acute care hospitals, by the State Department of Public Health. Existing law requires the department, when an applicant for a general acute care hospital license meets the applicable requirements of licensure, to issue a single consolidated general acute care hospital license that includes more than one physical plant maintained and operated on separate premises or that has multiple licenses for a single health facility on the same premises, if any of certain criteria are met. One of these criteria is that the physical plants maintained and operated by the licensee that are to be covered by the single consolidated license are located not more than 15 miles apart.

This bill would, *until January 1, 2015*, require the department to issue a single consolidated license to certain general acute care hospitals that include more than one physical plant maintained and operated on separate premises, if one of the physical plants is used as ~~an a freestanding emergency-center~~ *enter department* that provides service 24 hours a day, 7 days a week, and other specified conditions are met. The bill would authorize the transfer of ownership of a freestanding emergency-center ~~enter department~~ if specified conditions are met. *The bill*

would require, on or before May 1, 2014, the department to prepare and provide a report to the Legislature on the implementation of this bill and its effect upon the quality of emergency health care services provided to the community served by the freestanding emergency departments. It would also require the department to establish a committee to evaluate the quality and efficiency of services and improvement in patient access provided by freestanding emergency centers departments and provide a specified report to the Legislature and the Governor.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which governs local emergency medical service systems, establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state agencies concerning emergency medical services.

This bill would, until January 1, 2015, require the authority, in conjunction with the department and local emergency medical services (EMS) agencies, to develop and adopt triage criteria for the transportation of patients to freestanding emergency departments, as specified, and would require each local EMS agency to prepare and submit to the authority triage protocols to ensure that the use of a freestanding emergency department is in the best interests of patient care, consistent with the local plan. By increasing the duties of local officials, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature hereby finds and declares all of
- 2 the following:

1 (a) There are ~~currently 241~~ *approximately 222* freestanding
2 emergency departments (~~FSEDS~~) ~~in the United States~~ *16 states*.

3 (b) ~~FSEDS~~ *Freestanding emergency departments* are regulated
4 by state licensing requirements and federal certification
5 requirements.

6 (c) Many emergency departments in the state are overcrowded,
7 *as evidenced by the increased number of high severity cases*
8 *admitted and the increased number of emergency visits resulting*
9 *in admission*.

10 (d) Eighteen hospitals in the state and their respective emergency
11 departments have closed in the last 10 years.

12 (e) ~~FSEDS~~ *Freestanding emergency departments* have the ability
13 to provide services to patients who may not otherwise have *timely*
14 access to emergency services.

15 (f) *Historically, freestanding emergency departments filled a*
16 *need in rural or underserved regions where emergency departments*
17 *were separated by long distances. More recently, freestanding*
18 *emergency departments are serving highly congested urban areas*
19 *that are 15-20 miles from the nearest hospital for easier access*
20 *and prompt care delivery.*

21 (g) *Present freestanding emergency departments report faster*
22 *throughput times as a majority of the higher acuity patients who*
23 *might require admission are diverted. Some freestanding*
24 *emergency departments report a door-to-doctor time of 30 minutes*
25 *or less compared with a hospital emergency department*
26 *door-to-doctor time of 55.8 minutes. In addition, freestanding*
27 *emergency departments report door-to-discharge times of less*
28 *than 90 minutes in contrast to 180 minutes for hospital emergency*
29 *departments.*

30 (h) *Freestanding emergency departments have reported an*
31 *average hospital admission rate of 5%, which is much lower than*
32 *the average hospital emergency department admission rate of*
33 *12.8%. In addition, freestanding emergency departments can*
34 *reduce the time it takes for patients to be placed in inpatient beds*
35 *because of faster door-to-doctor times equating to faster*
36 *stabilization and triage combined with the ability to immediately*
37 *transfer patients to hospitals with available beds.*

38 SEC. 2. Section 1250.9 is added to the Health and Safety Code,
39 to read:

1 1250.9. (a) Notwithstanding Section 1250.8-~~OR~~ or any other
2 law, upon application of a general acute care hospital that meets
3 all the criteria of paragraphs (1) to (3), inclusive, of subdivision
4 (b) of Section 1250.8, other applicable requirements of licensure,
5 and is approved to provide emergency center special services, the
6 department shall issue a single consolidated license where that
7 hospital includes more than one physical plant maintained and
8 operated on separate, *noncontiguous* premises if one of the physical
9 plants is used as ~~an~~ *a freestanding emergency-center department*
10 that provides service 24 hours a day, seven days a week, and ~~either~~
11 *all of the following conditions-is are met:*

12 (1) The general acute care hospital *meets either one of the*
13 *following geographic requirements:-is*

14 (A) *Is a rural general acute care hospital and the freestanding*
15 *emergency-center department is located within the same county*
16 *as, and within 30 miles of, the primary physical plant of the*
17 *hospital and at least 20 miles from an emergency center owned or*
18 *operated by another general acute care hospital.*

19 ~~(2) The general acute care hospital is~~

20 (B) *Is not a rural general acute care hospital and the freestanding*
21 *emergency-center department is located within the same county*
22 *as, and within 15 miles of, the primary physical plant of the*
23 *hospital and at least seven miles from an emergency center owned*
24 *or operated by another general acute care hospital.*

25 (2) *The freestanding emergency department otherwise meets*
26 *the requirements for providing basic emergency service, except*
27 *for the requirements that the emergency department be located*
28 *within the primary physical plant of the hospital and that the*
29 *emergency department provide on-site surgical or postanesthesia*
30 *recovery service immediately available for life-threatening*
31 *situations. The requirements for providing basic emergency service*
32 *shall include all of the following:*

33 (A) *A laboratory service capable of performing blood gas*
34 *analysis and electrolyte determinations.*

35 (B) *A radiological service capable of providing necessary*
36 *radiology services.*

37 (C) *Licensed physicians and surgeons on staff who have medical*
38 *staff privileges at the primary physical plant of the hospital and*
39 *access to the hospital's on-call panel.*

40 (D) *Licensed nurses on staff in compliance with Section 1276.4.*

1 (E) *The capability of transferring patients in need of a higher*
2 *level of care to an appropriate general acute care hospital,*
3 *including standby critical care transport at all times.*

4 (3) *The freestanding emergency department publishes and posts*
5 *the schedule of charges for medical services offered by the*
6 *emergency department. This schedule shall include charges for*
7 *the 25 most frequently provided medical services and shall be*
8 *posted in a conspicuous place in the reception area by signage or*
9 *through an electronic messaging board. The freestanding*
10 *emergency department shall also provide a patient with notice*
11 *that the patient may receive a separate bill for a facility charge in*
12 *addition to the fee for medical services.*

13 (4) *The local emergency medical services agency that has*
14 *jurisdiction over the area in which the hospital is located prepares*
15 *a letter of support for the consolidated license and this letter is*
16 *attached to the application.*

17 (b) *The department shall issue not more than—12 four*
18 *consolidated licenses pursuant to this section—and, of which not*
19 *more than—six two consolidated licenses may be issued to rural*
20 *general acute care hospitals. Not more than two freestanding*
21 *emergency departments located in the northern portion of the state*
22 *and not more than two freestanding emergency departments located*
23 *in the southern part of the state may operate pursuant to a*
24 *consolidated license issued pursuant to this section.*

25 (c) *Subject to any other state or federal requirements, a*
26 *freestanding emergency department that operates pursuant to a*
27 *single, consolidated general acute care hospital license shall be*
28 *considered the equivalent of an emergency department that is*
29 *within the primary physical plant of the general acute care*
30 *hospital.*

31 ~~(e)~~

32 (d) *A general acute care hospital, including a rural general acute*
33 *care hospital, that continuously operates for at least three years an*
34 *approved freestanding emergency-center department at a physical*
35 *plant that is separate from the primary physical plant of the hospital*
36 *may transfer ownership of the emergency center to another general*
37 *acute care hospital that is approved to provide emergency center*
38 *special services, if the conditions of subdivisions (a) and (b) will*
39 *be met subsequent to the transfer and the appropriate supplemental*
40 *or change-of-ownership filings are made.*

1 (e) *This section shall not be construed to authorize the transfer*
2 *of a health facility license.*

3 (f) (1) *The department, in cooperation with the Emergency*
4 *Medical Services Authority, shall measure the success of the*
5 *freestanding hospital departments by collecting data on all of the*
6 *following:*

7 (A) *The acuity levels of patients.*

8 (B) *Patient transfer times to higher levels of care, as measured*
9 *by the time of the decision to transfer a patient to the time when*
10 *the patient is in route to the receiving hospital.*

11 (C) *The number of higher level of care transfers conducted*
12 *through the 911 system.*

13 (D) *The number of patient visits per location.*

14 (2) *The department shall, on or before May 1, 2014, prepare*
15 *and provide a report to the Legislature in accordance with Section*
16 *9795 of the Government Code on the implementation of this section*
17 *and its effect upon the quality of emergency health care services*
18 *provided to the community served by the freestanding emergency*
19 *departments.*

20 (g) *This section shall remain in effect only until January 1, 2015,*
21 *and as of that date is repealed, unless a later enacted statute, that*
22 *is enacted before January 1, 2015, deletes or extends that date.*

23 SEC. 3. *Section 1797.134 is added to the Health and Safety*
24 *Code, to read:*

25 1797.134. (a) *The authority, in conjunction with the State*
26 *Department of Public Health and local EMS agencies, shall*
27 *develop and adopt triage criteria for the transportation of patients*
28 *to freestanding emergency departments licensed pursuant to*
29 *Section 1250.9 that considers all essential variables to ensuring*
30 *safe patient care, including the patient's condition, the necessary*
31 *equipment and services, and distance and travel times. The triage*
32 *criteria shall provide that patients in need of emergency medical*
33 *services, including trauma, stroke, and cardiac patients bypass a*
34 *freestanding emergency department for the nearest specialty*
35 *facility, unless immediate stabilization of the patient is necessary*
36 *for lifesaving measures before transfer.*

37 (b) *Subject to the triage criteria adopted pursuant to subdivision*
38 *(a), each local EMS agency shall prepare and submit to the*
39 *authority triage protocols to ensure that the use of a freestanding*

1 *emergency department is in the best interests of patient care,*
2 *consistent with the local plan.*

3 *(c) This section shall remain in effect only until January 1, 2015,*
4 *and as of that date is repealed, unless a later enacted statute, that*
5 *is enacted before January 1, 2015, deletes or extends that date.*

6 ~~SEC. 3.~~

7 *SEC. 4. (a) The State Department of Public Health shall*
8 *establish a committee to evaluate the quality and efficiency of*
9 *services and improvement in patient access provided by*
10 *freestanding emergency ~~centers~~ departments established pursuant*
11 *to a consolidated license issued pursuant to Section 1250.9 of the*
12 *Health and Safety Code. The membership of the committee shall*
13 *include a physician and surgeon who has experience providing*
14 *medical services within a rural freestanding emergency department,*
15 *a physician and surgeon who has experience providing medical*
16 *services within an urban freestanding emergency department, a*
17 *nurse who has experience working within a rural freestanding*
18 *emergency department, a nurse who has experience working within*
19 *an urban freestanding emergency department, a patient who was*
20 *treated within an urban freestanding emergency department, a*
21 *patient who was treated within a rural freestanding emergency*
22 *department, a representative from a rural general acute care hospital*
23 *with a freestanding emergency center, and a representative from*
24 *an urban general acute care hospital with a freestanding emergency*
25 *center. The department.*

26 *(b) The committee shall be established within five years after*
27 *the first freestanding emergency ~~center~~ department is established*
28 *pursuant to a consolidated license issued pursuant to Section 1250.9*
29 *of the Health and Safety Code. The committee shall prepare and*
30 *submit its evaluation to the Legislature and the Governor in*
31 *accordance with Section 9795 of the Government Code within six*
32 *months of the first meeting of the committee.*

33 *SEC. 5. If the Commission on State Mandates determines that*
34 *this act contains costs mandated by the state, reimbursement to*
35 *local agencies and school districts for those costs shall be made*
36 *pursuant to Part 7 (commencing with Section 17500) of Division*
37 *4 of Title 2 of the Government Code.*